

FOR AGENCY USE ONLY		ABBREVIATED JOINT FEDERAL / STATE APPLICATION FOR THE ALTERATION OF ANY TIDAL WETLAND AND/OR TIDAL WATERS IN MARYLAND							MDE Permit #:	
									Tracking #:	
MDSPGP Category:		<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> 240-day	<input type="checkbox"/> 90-Day	<input type="checkbox"/> MHT	<input type="checkbox"/> WHD	<input type="checkbox"/> PN	MDE AI #:	
<u>This abbreviated application should only be used for projects that are eligible for federal authorization under the Maryland State Programmatic General Permit (MDSPGP).</u>									MDE Reviewer:	County:
MDE Pre-Application Meeting Held? If Yes:					MDE Reviewer:				AI #	
USACE Pre-Application Meeting Held? If Yes:					USACE Reviewer:					
Applying for:		<input type="checkbox"/> Authorization	<input type="checkbox"/> Modification	*MAILING INSTRUCTIONS LOCATED ON 2 ND PAGE OF THIS APPLICATION*						
MDE APPLICATION REVIEW FEE REQUIRED: FOR FURTHER INFORMATION REGARDING THE MDE FEE SCHEDULE PLEASE REFER TO THE MDE WEBSITE: http://mde.maryland.gov/programs/Water/WetlandsandWaterways										
1. APPLICANT INFORMATION:										
Name: _____					Home Telephone: (____) _____					
Address: _____					Email Address: _____					
City: _____			State: _____			Zip: _____				
2. PROPERTY OWNER INFORMATION: (If different from the Applicant)										
Name: _____					Home Telephone: (____) _____					
Address: _____					Email Address: _____					
City: _____			State: _____			Zip: _____				
3. AUTHORIZED AGENT / PRINCIPAL CONTACT INFORMATION:										
Name: _____					Telephone: (____) _____					
Address: _____					Email Address: _____					
City: _____			State: _____			Zip: _____				
4. CONTRACTOR INFORMATION (If currently unknown, required to be provided to MDE's Tidal Wetland Division prior to construction of project)										
Company Name: _____										
Principal Contact: _____					Email Address: _____					
Marine Contractor MDE License #:					Telephone: (____) _____					
5. PROJECT DESCRIPTION: (Attach additional pages if necessary)										
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>										
6. PROJECT PURPOSE: (Check all that apply)										
<input type="checkbox"/> Beach Nourishment			<input type="checkbox"/> Create/Improve Habitat			<input type="checkbox"/> Shore Erosion Control			<input type="checkbox"/> Fill	
<input type="checkbox"/> Create/Improve Infrastructure			<input type="checkbox"/> Utility Installation			<input type="checkbox"/> Erosion/Sediment Control			<input type="checkbox"/> Marina	
<input type="checkbox"/> Other: (describe) _____			<input type="checkbox"/> Residential/Commercial Development							
7. PROJECT LOCATION: (If project site has no address, please include the lot # and/or nearest address with a clear description of the site)										
County: _____				Name of Waterway: _____						
Site Address or Location: _____										
				Latitude: _____			Longitude: _____			
Directions from nearest intersection of two state roads: _____										
8. NOTIFICATION OF ADJACENT PROPERTY OWNERS:										
<input type="checkbox"/> I have notified and provided plans of my proposal to perform work in tidal wetlands to the individuals listed on the Notification Form.										
(Please provide the separate Contiguous Property Owner Notification Certification Form)										
9. BEST MANAGEMENT PRACTICES VERIFICATION:										
<input type="checkbox"/> Applicant verifies by checking box that they will apply the Best Management Practices as required by the USACE in the MDSPGP.										
(Refer to the application instructions and the MDSPGP for additional information regarding Best Management Practices.)										

10. TYPE OF PROJECT (check all that apply and provide all applicable information):

This abbreviated application should only be used for projects that are eligible for federal authorization under the Maryland State Programmatic General Permit (MDSPGP). Please refer to the MDSPGP for eligible activities.

Work Proposed	Overall Length (Ft.)	Average Width (Ft.)	Volume of Fill Material (cu. yards.)	Total Area Impacted		Maximum Distance Channelward from Mean High Water Line (Ft.)	New Work	Maintenance/Repair	Work Started/Completed
				Permanent (Sq. Ft.)	Temporary (Sq. Ft.)				
<input type="checkbox"/> Bulkhead	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Revetment	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Breakwater	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Groins, Jetties, or Sill	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Living Shoreline (vegetated area)	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Pier	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Platform	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Pile	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Boat Lift	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Boat Ramp	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Osprey Pole	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Utility Line	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Dredging (Maintenance or New Minor)	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Hydraulic / <input type="checkbox"/> Mechanical	_____	_____	_____	_____	_____	_____			
<input type="checkbox"/> Construction Access/Mats	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *
<input type="checkbox"/> Other:	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *

***For any work started or completed, please clearly and accurately depict those portions of the project on the plans**

11. DESCRIPTION OF AVOIDANCE, MINIMIZATION, AND COMPENSATION:

Please be advised that unavoidable losses of tidal wetlands and/or aquatic resources may require compensatory mitigation.

Please provide a separate sheet(s) that addresses the proposed project's avoidance, minimization, and compensation (if required) which includes any clearing, grading, or excavation required before, during, and after the proposed project.

12. STATE CERTIFICATION AND FEDERAL PRIVACY ACT STATEMENT:

Application is hereby made for a permit or permits to authorize the work described in this application. I hereby designate and authorize the agent named above to act on my behalf in the processing of this application and to furnish any information that is requested. I certify that the information on this form and on the attached plans and specifications is true and accurate to the best of my knowledge and belief. I understand that any of the agencies involved in authorizing the proposed works may request information in addition to that set forth herein as may be deemed appropriate in considering this proposal. I grant permission to the agencies responsible for authorization of this work, or their duly authorized representative, to enter the project site for inspection purposes during working hours. I will abide by the conditions of all permit(s) or license(s) if issued and will not begin work without the appropriate authorization. I also certify that the proposed works are consistent with Maryland's Coastal Zone Management Plan.

Authorities: Rivers and Harbors Act, Section 10, 33 USC 403; Clean Water Act, Section 404, 33 USC 1344; Marine Protection, Research, and Sanctuaries Act, Section 103, 33 USC 1413; Regulatory Programs of the Corps of Engineers; Final Rule 33 CFR 320-332. Principal Purpose: Information provided on this JPA will be used in evaluating the application for a permit. Routine Uses: This information may be shared with the Department of Justice and other federal, state, and local government agencies, and the public and may be made available as part of a public notice. Submission of requested information is voluntary, however, if information is not provided the permit application cannot be evaluated nor can a permit be issued. Original drawings or good reproducible copies in an 8 1/2" by 11" format which show the location and character of the proposed activity must be attached to this application.

An application that is not completed in full will be returned.

PROPERTY OWNER MUST SIGN:

Date

IMPORTANT:

PLEASE MAIL SEVEN COPIES OF THE APPLICATION, SITE PLAN, AND VICINITY MAP (WITH PROJECT LOCATION PINPOINTED) TO:

MDE/WATER MANAGEMENT ADMINISTRATION
REGULATORY SERVICES COORDINATION OFFICE
MONTGOMERY PARK BUSINESS CENTER – ST 430
1800 WASHINGTON BOULEVARD
BALTIMORE, MD 21230-1708
(410) 537-3762 OR 1-800-876-0200

SEND THE APPLICABLE APPLICATION FEE, ALONG WITH A COPY OF THE FIRST PAGE OF THE APPLICATION TO:

MDE
P.O. BOX 2057
BALTIMORE, MD 21203-2057
PCA: 13910 OBJ: 4142
PLEASE REFER TO OUR WEBSITE
<http://mde.maryland.gov/programs/Water/WetlandsandWaterways>
FOR FURTHER INSTRUCTIONS.